



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200  
Fax 613 632-5246

D4294-1

Job Sheet 183822



Part No: D4294-1

Job Qty: 2 ea

Part Name: Fitting



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 9/27/18

Job Tracking No:

Due Date: 10/19/18

Created By: Marie Lajeunesse

Type: Stock

Description:

Note: DWG REV C IPP REV:A NEW ISSUE 10-11-25 JLM VERIFIED BY:DD IPP REV B: AS PER REV B 11-02-15  
JLM VERIFIED BY:DD

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation              | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off |
|-------|------------------------|-------|------------|----------|-----------|---------|-----------------------|-----------|----------|
|       |                        |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |          |
| 90    | Start up Operation     | 2 Ea  | 10/19/18   | 10/19/18 | 0.00      | 0.00    | Start Up Machining-2  |           |          |
| 100   | Bandsaw                | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.14    | Bandsaw1              |           |          |
| 110   | CNC Vertical Machining | 2 pcs | 10/19/18   | 10/19/18 | 0.46      | 1.67    | HAAS 5 Axis           |           |          |
| 120   | QC                     | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.00    | QC2 Machining-2       |           |          |
| 130   | QC                     | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.00    | QC8 Machining-2       |           |          |
| 140   | HandFinish             | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.12    | HandFinish1           |           |          |
| 145   | Powdercoat             | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.14    | Powdercoat1           |           |          |
| 150   | QC                     | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.00    | QC3                   |           |          |
| 151   | Small Fab              | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.09    | Small Fab-6           |           |          |
| 152   | QC                     | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.00    | QC5                   |           |          |
| 180   | Packaging              | 2 pcs | 10/19/18   | 10/19/18 | 0.00      | 0.00    | Packaging3-2          |           |          |
| 190   | QC21-SA                | 2 Ea  | 10/19/18   | 10/19/18 | 0.00      | 0.00    | QC21                  |           |          |

Part Op 100 - Cut Blank to 7.125" \*\*\*\*GRAIN ALONG 4"\*\*\*\*\*

Descriptions: 110 - 1-Machine per folio FB008

145 - MASK THREADED HOLE

151 - INSTALL HELICOIL AS PER DWG

M138951

START: 10:35

OUT. 320° FINISH: 11:05

### Job BOM

| Part / Item          | Component Name                                       | Quantity          | Operation             | Container |
|----------------------|------------------------------------------------------|-------------------|-----------------------|-----------|
| M7075T73B4.000x4.000 | 7075-T73 Bar 4.0 X 4.0 Grain Direction Along 4" Wide | 1.2000 ft (.6 ea) | 90-Start up Operation | 5120 080  |
| MS21209F1-10         | Heli Coil                                            | 2 Ea (1 ea)       | 151-Small Fab         | 5044218   |

### Job Allocations

| Operation             | Component Part       | Required | Inventory | Allocated |
|-----------------------|----------------------|----------|-----------|-----------|
| 90-Start up Operation | M7075T73B4.000x4.000 | 1        | 27        | 0         |
| 151-Small Fab         | MS21209F1-10         | 2        | 20        | 0         |

### Part Specifications

| Spec No | Description | Target/Tolerance    | Limits         | Type | Special Comments |
|---------|-------------|---------------------|----------------|------|------------------|
| 1       | Fitting     | 0.065Inches ± 0.010 | 0.075<br>0.055 |      | 0.065            |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



# WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____<br><br>Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                | <br><b>Container No: S120081</b><br><br><b>Part: D4294 - 1</b><br><b>Job No: 183822</b><br><b>Serial No/Batch: S120081</b><br>Revision: _____<br>Inspector: _____<br>Exp Date: _____<br>Instructions: Various STC's<br><br>Date: 10/22/18 |                                                | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%;"> <tr> <td>Cross tube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |  | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Finishing <input type="checkbox"/>   | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>          | Composite <input type="checkbox"/>        | Supplier <input type="checkbox"/>         |  |                                 |                                   |                                  |                                        |                                             |  |                                   |                                     |                                     |                                |                                               |  |                                        |                                   |                                 |                               |                                         |  |                                       |                                   |                                                |                                             |                                            |  |                                   |                                     |                                |                                          |                                     |  |                                             |                                    |                                   |                                  |                                  |  |                                           |                                  |                                     |                                     |                                 |  |                              |                                              |                                             |                                       |                                  |  |                                     |                                              |                                        |                                                |                                           |  |                                           |                                                |                                      |  |  |  |                                        |                                   |               |  |  |  |
| Cross tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Small Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Prod. 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Coord. <input type="checkbox"/>     | Quality <input type="checkbox"/>                                                                                                                                                                                                          |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                     |                                    |                                      |                                    |                                            |                                  |                                      |                                              |                                         |                                           |                                           |  |                                 |                                   |                                  |                                        |                                             |  |                                   |                                     |                                     |                                |                                               |  |                                        |                                   |                                 |                               |                                         |  |                                       |                                   |                                                |                                             |                                            |  |                                   |                                     |                                |                                          |                                     |  |                                             |                                    |                                   |                                  |                                  |  |                                           |                                  |                                     |                                     |                                 |  |                              |                                              |                                             |                                       |                                  |  |                                     |                                              |                                        |                                                |                                           |  |                                           |                                                |                                      |  |  |  |                                        |                                   |               |  |  |  |
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| <table style="width:100%;"> <tr> <td colspan="3" style="text-align: center;"><b>Root Cause</b></td> <td colspan="3" style="text-align: center;"><b>FAULT CATEGORY</b></td> </tr> <tr> <td style="width:15%;">Environment <input type="checkbox"/></td> <td style="width:15%;">No Re-verfi <input type="checkbox"/></td> <td style="width:15%;">Pressure/Force <input type="checkbox"/></td> <td style="width:15%;">Power Loss/Surge <input type="checkbox"/></td> <td style="width:15%;">Positioned Wrong <input type="checkbox"/></td> <td style="width:15%;"></td> </tr> <tr> <td>Design <input type="checkbox"/></td> <td>Operator <input type="checkbox"/></td> <td>Bending <input type="checkbox"/></td> <td>Folio/Program <input type="checkbox"/></td> <td>Outside Dimensions <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Doc/Data <input type="checkbox"/></td> <td>Offset/Set <input type="checkbox"/></td> <td>Centre Red <input type="checkbox"/></td> <td>Grain <input type="checkbox"/></td> <td>Over/Under tolerance <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Equip/Tooling <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td>Cracks <input type="checkbox"/></td> <td>Weld <input type="checkbox"/></td> <td>Part Incorrect <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Handling/Pre <input type="checkbox"/></td> <td>Training <input type="checkbox"/></td> <td>Crimp/Fin/Apple/Flare <input type="checkbox"/></td> <td>Wrong Stock Pulled <input type="checkbox"/></td> <td>Part Lost/Missing <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Material <input type="checkbox"/></td> <td>Use for Te <input type="checkbox"/></td> <td>Gulls <input type="checkbox"/></td> <td>Out of Sequence <input type="checkbox"/></td> <td>Part Moved <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Internal Transport <input type="checkbox"/></td> <td>Poor Info <input type="checkbox"/></td> <td>Crushing <input type="checkbox"/></td> <td>Off-set <input type="checkbox"/></td> <td>Drawing <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Tribal Knowledge <input type="checkbox"/></td> <td>Rushing <input type="checkbox"/></td> <td>Heat Treat <input type="checkbox"/></td> <td>Mislabeled <input type="checkbox"/></td> <td>Finish <input type="checkbox"/></td> <td></td> </tr> <tr> <td>LOA <input type="checkbox"/></td> <td>Product Improvement <input type="checkbox"/></td> <td>Wave/Twist in Pass <input type="checkbox"/></td> <td>Fit/Function <input type="checkbox"/></td> <td>Misread <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Substation <input type="checkbox"/></td> <td>Process Improvement <input type="checkbox"/></td> <td>Marks/Chatter <input type="checkbox"/></td> <td>Misaligned/off center <input type="checkbox"/></td> <td>Turning Sequence <input type="checkbox"/></td> <td></td> </tr> <tr> <td>Past Expiry Date <input type="checkbox"/></td> <td>Manufacturing Process <input type="checkbox"/></td> <td>Drill Holes <input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Misidentified <input type="checkbox"/></td> <td>Past Due <input type="checkbox"/></td> <td>OTHER : _____</td> <td></td> <td></td> <td></td> </tr> </table> |                                                |                                                                                                                                                                                                                                           |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>Root Cause</b>                   |                                    |                                      | <b>FAULT CATEGORY</b>              |                                            |                                  | Environment <input type="checkbox"/> | No Re-verfi <input type="checkbox"/>         | Pressure/Force <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> |  | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Bending <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> |  | Doc/Data <input type="checkbox"/> | Offset/Set <input type="checkbox"/> | Centre Red <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> |  | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/> | Cracks <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> |  | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/> | Crimp/Fin/Apple/Flare <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> |  | Material <input type="checkbox"/> | Use for Te <input type="checkbox"/> | Gulls <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> |  | Internal Transport <input type="checkbox"/> | Poor Info <input type="checkbox"/> | Crushing <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> |  | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> |  | LOA <input type="checkbox"/> | Product Improvement <input type="checkbox"/> | Wave/Twist in Pass <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> |  | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |  | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Drill Holes <input type="checkbox"/> |  |  |  | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | OTHER : _____ |  |  |  |
| <b>Root Cause</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | No Re-verfi <input type="checkbox"/>           | Pressure/Force <input type="checkbox"/>                                                                                                                                                                                                   | Power Loss/Surge <input type="checkbox"/>      | Positioned Wrong <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Design <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                                                                          | Folio/Program <input type="checkbox"/>         | Outside Dimensions <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Doc/Data <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Offset/Set <input type="checkbox"/>            | Centre Red <input type="checkbox"/>                                                                                                                                                                                                       | Grain <input type="checkbox"/>                 | Over/Under tolerance <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| Equip/Tooling <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                                                                           | Weld <input type="checkbox"/>                  | Part Incorrect <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Handling/Pre <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Training <input type="checkbox"/>              | Crimp/Fin/Apple/Flare <input type="checkbox"/>                                                                                                                                                                                            | Wrong Stock Pulled <input type="checkbox"/>    | Part Lost/Missing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Use for Te <input type="checkbox"/>            | Gulls <input type="checkbox"/>                                                                                                                                                                                                            | Out of Sequence <input type="checkbox"/>       | Part Moved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Poor Info <input type="checkbox"/>             | Crushing <input type="checkbox"/>                                                                                                                                                                                                         | Off-set <input type="checkbox"/>               | Drawing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                                                                       | Mislabeled <input type="checkbox"/>            | Finish <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| LOA <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Product Improvement <input type="checkbox"/>   | Wave/Twist in Pass <input type="checkbox"/>                                                                                                                                                                                               | Fit/Function <input type="checkbox"/>          | Misread <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                               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| Substation <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                    | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Manufacturing Process <input type="checkbox"/> | Drill Holes <input type="checkbox"/>                                                                                                                                                                                                      |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Past Due <input type="checkbox"/>              | OTHER : _____                                                                                                                                                                                                                             |                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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|    |         |                                    |                  |                |
|----|---------|------------------------------------|------------------|----------------|
| 2  | Fitting | 0.063Inches $\pm$ 0.010            | 0.073<br>0.053   | Radius<br>.063 |
| 3  | Fitting | 0.305Inches $\pm$ 0.030<br>- 0.010 | 0.335<br>0.295   | .306           |
| 4  | Fitting | 3.170Inches $\pm$ 0.030            | 3.200<br>3.140   | 3.175          |
| 5  | Fitting | 3.110Inches $\pm$ 0.030            | 3.140<br>3.080   | 3.110          |
| 6  | Fitting | 0.325Inches $\pm$ 0.010            | 0.335<br>0.315   | .325           |
| 7  | Fitting | 0.780Inches $\pm$ 0.010            | 0.790<br>0.770   | .780           |
| 8  | Fitting | 0.800Inches $\pm$ 0.030            | 0.830<br>0.770   | .800           |
| 9  | Fitting | 1.560Inches $\pm$ 0.010            | 1.570<br>1.550   | 1.560          |
| 10 | Fitting | 0.500Inches $\pm$ 0.010            | 0.510<br>0.490   | .500           |
| 11 | Fitting | 0.070Inches $\pm$ 0.010            | 0.080<br>0.060   | .070           |
| 12 | Fitting | 0.390Inches $\pm$ 0.030            | 0.420<br>0.360   | .394           |
| 13 | Fitting | 0.500Inches $\pm$ 0.010            | 0.510<br>0.490   | .499           |
| 14 | Fitting | 0.880Inches $\pm$ 0.030            | 0.910<br>0.850   | .881           |
| 15 | Fitting | 3.440Inches $\pm$ 0.030            | 3.470<br>3.410   | 3.436          |
| 16 | Fitting | 2.450Inches $\pm$ 0.010            | 2.460<br>2.440   | 2.452          |
| 17 | Fitting | 2.040Inches $\pm$ 0.030            | 2.070<br>2.010   | 2.042          |
| 18 | Fitting | 1.528Inches $\pm$ 0.010            | 1.538<br>1.518   | 1.530          |
| 19 | Fitting | 0.300Inches $\pm$ 0.010            | 0.310<br>0.290   | .300           |
| 20 | Fitting | 0.738Inches $\pm$ 0.010            | 0.748<br>0.728   | .735           |
| 21 | Fitting | 0.250Inches $\pm$ 0.030            | 0.280<br>0.220   | .247           |
| 22 | Fitting | 3.375Inches $\pm$ 0.010            | 3.385<br>3.365   | 3.375          |
| 23 | Fitting | 4.8750Inches $\pm$ 0.0100          | 4.8850<br>4.8650 | 4.875          |
| 24 | Fitting | 1.670Inches $\pm$ 0.010            | 1.680<br>1.660   | 1.672          |
| 25 | Fitting | 0.386Inches $\pm$ 0.006<br>- 0.001 | 0.392<br>0.385   | .386           |
| 26 | Fitting | 0.266Inches $\pm$ 0.006<br>- 0.001 | 0.272<br>0.265   | .266           |
| 27 | Fitting | 6.810Inches $\pm$ 0.030            | 6.840<br>6.780   | 6.811          |
| 28 | Fitting | 6.350Inches $\pm$ 0.030            | 6.380<br>6.320   | 6.350          |
| 29 | Fitting | 1.460Inches $\pm$ 0.030            | 1.490<br>1.430   | 1.454          |
| 30 | Fitting | 0.050Inches $\pm$ 0.010            | 0.060<br>0.040   | .050           |
| 31 | Fitting | 3.440Inches $\pm$ 0.010            | 3.450<br>3.430   | 3.442          |
| 32 | Fitting | 4.968Inches $\pm$ 0.010            | 4.978<br>4.958   | 4.969          |
| 33 | Fitting | 0.875Inches $\pm$ 0.010<br>- 0.001 | 0.885<br>0.874   | .876           |
| 34 | Fitting | 0.332Inches $\pm$ 0.020<br>- 0.010 | 0.352<br>0.322   | .333           |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                                                                                                                                                     |  |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval<br><br><br>Completed By<br><br><br>Lead hand / Supervisor<br>Approval Verification<br><br><br>QC / QA Coordinator<br>Approval |  |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                                                                                                                                                     |  |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                                                                                                                                                     |  |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                                                                                                                                                     |  |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                                                                                                                                                     |  |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                                                                                                                                                     |  |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                                                                                                                                                     |  |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                                                                                                                                                     |  |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                                                                                                                                                     |  |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |
|                                                              |                                                | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                                                                                                                                                     |  |  |



|    |         |                                    |                |       |
|----|---------|------------------------------------|----------------|-------|
| 35 | Fitting | 0.750Inches $\pm$ 0.010            | 0.760<br>0.740 | .750  |
| 36 | Fitting | 6.490Inches $\pm$ 0.030            | 6.520<br>6.460 | 6.490 |
| 37 | Fitting | 0.691Inches $\pm$ 0.010            | 0.701<br>0.681 | .691  |
| 38 | Fitting | 0.640Inches $\pm$ 0.030            | 0.670<br>0.610 | .633  |
| 39 | Fitting | 0.201Inches $\pm$ 0.005<br>- 0.001 | 0.206<br>0.200 | .201  |
| 40 | Fitting | 0.320Inches $\pm$ 0.010            | 0.330<br>0.310 | .320  |
| 41 | Fitting | 100Degrees $\pm$ 0                 | 100<br>100     | 100°  |
| 42 | Fitting | 0.764Inches $\pm$ 0.010            | 0.774<br>0.754 | .762  |
| 43 | Fitting | 0.381Inches $\pm$ 0.000<br>- 0.001 | 0.381<br>0.380 | .381  |
| 44 | Fitting | 1.405Inches $\pm$ 0.010            | 1.415<br>1.395 | 1.410 |
| 45 | Fitting | 1.125Inches $\pm$ 0.010            | 1.135<br>1.115 | 1.125 |

Plex 9/27/18 11:10 AM Dart.lajeunesse.marie

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Completed By                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |